

To:

All Providers

HMOs and Other
Managed Care
Programs

Recipients with Medicare Managed Care Coverage

This *Wisconsin Medicaid and BadgerCare Update* explains how to submit claims for recipients with Medicare managed care coverage.

Medicare Managed Care

Medicare managed care (MMC), also known as Medicare + Choice (M+C) or Medicare Cost (Cost), is similar in concept to Wisconsin Medicaid managed care. Medicare managed care carriers (HMOs or insurance carriers) have a special arrangement with the federal Centers for Medicare and Medicaid Services (CMS). Medicare managed care carriers agree to provide all Medicare benefits to Medicare enrollees for a fee.

Wisconsin Medicaid considers individuals enrolled in both Medicare (including MMC) and Wisconsin Medicaid as dual entitlees. Dual entitlees are eligible for Medicaid coverage of the coinsurance, deductible, and copayment on all services allowed by Medicare, regardless of whether or not the services are covered by Wisconsin Medicaid.

Claims Do Not Automatically Crossover from Medicare Managed Care Carriers

Providers are required to submit claims directly to Wisconsin Medicaid, whether electronically or on paper, for recipients enrolled in MMC since claims for these recipients do not

automatically crossover to Wisconsin Medicaid from MMC carriers.

Electronic Claims Submitted Using the Provider Electronic Solutions Software

Electronic billing services using Provider Electronic Solutions (PES) software to submit 837 Health Care Claim: Professional (837P) transactions are instructed to indicate the copayment, coinsurance, and/or deductible amounts. See Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a PES software screen shot. Those electronic billing services and trading partners who do not use PES software should refer to the Wisconsin Medicaid Companion Document to HIPAA Implementation Guide — 837 Professional for more information on how to submit 837P transactions for recipients with MMC coverage.

Paper Claims

When submitting paper claims for recipients covered by MMC, providers should write “MMC” in the upper right corner of the claim. Designating the claim with “MMC” will enable Wisconsin Medicaid to easily identify these claims.

Providers should *not* indicate copayment, coinsurance, and/or deductible amounts on paper claims. (This is consistent with current

Medicare crossover claim processing instructions.) Providers should attach the MMC carrier's determination (e.g., Remittance Advice, Explanation of Benefits) to the claim.

Claims Submission Deadline

If Wisconsin Medicaid previously processed a claim incorrectly, providers may resubmit a denied claim and/or submit an Adjustment/Reconsideration Request, HCF 13046 (Rev. 06/03), for a partially paid claim. Providers are reminded that Wisconsin Medicaid must receive all claims, including adjustments, within 365 days of the date of service (DOS). If it is more than 365 days since the DOS, refer to the July 2003 *Update* (2003-64), titled "Wisconsin Medicaid will continue to require claims for timely filing appeals, formerly late billing appeals, to be submitted on paper," for more information on timely filing appeals.

Eligibility Verification

Providers may verify a recipient's eligibility on the Medicaid Eligibility Verification System (EVS), including the recipient's MMC coverage information. The carrier name and coverage dates will be displayed. Refer to Attachment 2 for a list of MMC carriers in Wisconsin.

Wisconsin Medicaid is working towards receiving the most current recipient eligibility information from all MMC carriers and other carriers in Wisconsin.

For More Information

For more information about Medicare managed care, providers may refer to the CMS Web site at www.cms.hhs.gov/.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Provider Electronic Solutions Software Screen Shot

The following is a screen shot that users of Provider Electronic Solutions (PES) software will use to indicate copayment, coinsurance, and deductible amounts when submitting electronic 837 Health Care Claim: Professional (837P) transactions for recipients with Medicare managed care coverage.

837 Professional
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Total Billed Amount **Services**

Hdr 1 | Hdr 2 | Hdr 3 | Medicare | Srv 1 | Srv 2 | **Srv Adj**

Carrier Code **Name**

Paid Date/Amount **Detail Number**

Adjustment Group Code/Reason Codes/Amounts

PR											
1	3	30.00	4		.00	1		.00	4		.00
2	1	10.00	5		.00	2		.00	5		.00
3		.00	6		.00	3		.00	6		.00

Add Srv Adj	OI #	Carrier Code	Carrier Name	Adj Group	Paid Amount
<input type="button" value="Copy Srv Adj"/>	1	004	MEDICARE	PR	60.00
<input type="button" value="Delete Srv Adj"/>					

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status

ATTACHMENT 2

Medicare Managed Care Carriers

The following is a list of policy names, carrier codes, descriptions of policies returned through Medicaid's Eligibility Verification System (EVS), and Web sites for Medicare managed care (MMC) carriers.

Medicare + Choice	Policy Name	Description Returned Through Medicaid's EVS	Carrier Code	Web Site
Gundersen Lutheran	Gundersen Lutheran Senior Preferred	Gundersen Lutheran (M+C)	MC1	<i>www.gundluth.org</i>
UnitedHealthcare	UnitedHealthcare Medicare Complete/UnitedHealthcare Medicare Complete Premium	United Healthcare (M+C)	MC2	<i>www.uhc.com</i>
Humana, Inc.	Humana Gold Choice	Humana (M+C)	MC6	<i>humana.com</i>
Unicare Life & Health Insurance Company	Security Choice Plan	Unicare (M+C)	MC7	<i>www.unicare.com</i>
Security Health Plan	Advocare/Advocare Plus	Security Health Plans (M+C)	MC8	<i>securityhealth.org</i>

Medicare Cost	Policy Name	Description Returned Through Medicaid's EVS	Carrier Code	Web Site
Dean Health System	DeanCare Gold	Dean Health Plan (COST)	MC3	<i>deancare.com</i>
Medical Associates Clinic & Health Plans	Medical Associates Advantage of Wisconsin	Medical Associates (COST)	MC4	<i>mahealthcare.com</i>
Network Health Plan	Senior Plus/Group Senior Plus	Network Health Plan (COST)	MC5	<i>www.networkhealth.com</i>